

Dr Dyce M.D.

Hick's Comp. Clin.

ON A RARE CASE OF
INTERMURAL FŒTATION.

BY

J. BRAXTON HICKS, M.D., F.R.S.,

CO-LECTURER ON MIDWIFERY AT GUY'S HOSPITAL; EXAMINER IN MIDWIFERY
AT UNIVERSITY OF LONDON, ETC. ETC.

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In a paper on "A Case of Intermural Fœtation" in 'Guy's Hospital Reports' (1860), I remarked that it is possible that in some cases of this form the fœtus bursts into the cavity of the uterus, and thus may be mistaken for ordinary abortions.

The case about to be related confirms this opinion, and as I believe it to be unique, not only in this respect, but in the mode in which death occurred four days after, it may not be unacceptable to the Society.

I did not see the case during life, but its history was kindly furnished me by Dr. Puckle, of Denmark Hill, in whose practice it occurred. I was, however, present at the necropsy.

Mrs. T—, æt. 35, was delivered of her first child in August, 1864. Rather more than a year before her death, she aborted at the fourth month. It was a remarkable fact that not a drop of blood was lost on that occasion. The body of the fœtus was first expelled, and next day the head. No trace of the placenta was found. She recovered very well, without any blood having been lost.

About five and a half months before her death, she again conceived, but its exact date was concealed by frequent metrorrhagia.

She continued to enlarge till the 8th December, 1866, when, after some pains, a foetus was expelled about the size of a five and a half month's foetus. No hæmorrhage occurred; but the secundines not having come away, Dr. Puckle introduced his fingers into the uterus to remove it, but only found a ragged opening with something soft within it. Thinking it safer to leave it untouched, he treated the case in the usual manner. She went on for four days very well, when very violent bearing down pains occurred, in the midst of which she complained of violent pain in the abdomen; she became pale and faint, with gaspings, and died in a collapsed state in two hours.

Necropsy next day. The abdomen only opened.

The body was very anæmic. On opening the peritoneum, clotted blood was found diffused everywhere between the viscera without much displacement. The quantity of clot was about equivalent to two pints of blood. The serum had gravitated into the pelvis, welling up freely on pressure downwards.

On removing the clots, an unusual enlargement of the right side of the fundus of the uterus was seen, reaching above the brim. Large veins were coursing over this enlargement beneath the peritoneum; and a rupture about three quarters of an inch long had taken place at its upper part. Through this the blood had escaped, and through it could be seen placental villi. The whole uterus was then carefully removed. No adhesions existed anywhere. The body of the uterus was enlarged, and symmetrical, except at its upper part towards the right side, the seat of the above-named enlargement. This extended two inches beyond the natural limits of the enlarged uterus, being about two and a half inches in diameter at its base, where it sprang from the walls. The blood-vessels coursing over it were very noticeable, some of them one third of an inch in diameter.

A section was now made vertically through the enlargement.

The walls generally were about three quarters of an inch thick. The cavity about five inches long. At the upper

part, rather to the right side, was an opening, about two inches diameter, with ragged sloughy-looking edges, which were loose and free.

Inside this opening could be seen the placenta in a state of slight decomposition for about half an inch into its substance; the rest was pale and natural. The section showed that the placenta filled the whole of the enlargement above referred to.

The walls of the uterus were thickest at the lacerated opening, as may be seen in the drawing. From this point they became gradually thinner, thus being most attenuated at the spot where the laceration took place.

Large sinuses were observed in the walls, as in ordinary pregnancy, and as has been observed in other cases of extra-uterine pregnancy where it has been interstitial or tubular.

The mucous membrane of the uterus was not lined with any marked decidua. It was pale towards the os uteri, but gradually became redder towards the opening referred to.

The total length of the uterus externally was eight inches, and its diameter six inches.

It will be understood that there was no communication between the two lacerations, but that sound placenta of two inches thickness interposed.

From this it appears to me that an intermural foetation had been formed; that it continued enlarging towards the peritoneal cavity, and towards the uterine cavity, at about the same rate, but, perhaps, rather more readily towards the uterine, into which doubtless it bulged, so as to distend the uterus to the size and form already mentioned.

Then this portion gave way, permitting the escape of the foetus, thus simulating an ordinary abortion.

Upon this the uterus shrank, and the tissue retracted, leaving the free lacerated edges as the only evidence four days after of that portion which bulged into its cavity.

Then the mass of placenta being a source of irritation to the uterus, contractions ensued, the effect of whose pressure may be gathered from looking at the section I have given. It must clearly cause compression of the cavity containing

*This is a mistaken thought - The uterine cavity is not
tubular but simply dilated - I allowed the foetus
to - but without rupture*

the placenta, producing great pressure on the peritoneal side. This gave way, rupturing a large vein just beneath the peritoneum, thus producing the fatal hæmorrhage.

I am sorry to be unable to produce the specimen, but the sketch now sent round was made from it.

The drawing will, perhaps, show the state of parts more clearly.



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DESCRIPTION OF PLATE III.

- a.* External rupture.
- b.* Placenta in cavity.
- c.* Ragged opening into uterine cavity.
- d.* Uterine cavity.
- s.* Sinuses in wall of dilated part.



